☞Terms, $3.00 a Year in Advance, Postage Paid.☜

Vol. XIV. LOUISVILLE, KY., OCTOBER 21, 1882. No. 356.

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

LUNSFORD P. YANDELL, M.D., and L. S. McMURTRY, A.M., M.D.,

JOHN P. MORTON & CO., Publishers.

CONTENTS.

AMERICAN PRACTITIONER.
Monthly, $3.00 a Year.

JOHN P. MORTON & CO.
PUBLISHERS.
440 to 446 West Main Street, LOUISVILLE, KY.

LOUISVILLE MEDICAL NEWS.
Weekly, $3.00 a Year.

☞THE LOUISVILLE MEDICAL NEWS and the AMERICAN PRACTITIONER will be sent to one address for one year to advance-paying subscribers for five dollars. Address publishers.

NEW BOOKS

PRICE

MEMORANDA OF PHYSIOLOGY. By HENRY ASHBY, M.D. (London). Third edition, thoroughly revised, with additions and corrections by an American editor. An important addition to the popular series, Wood's Pocket Manuals. 18mo, 332 pages, fine muslin binding. Sent by mail, postpaid, on receipt of price.....$1.00

CHRONIC BRONCHITIS: ITS FORMS AND TREATMENT. With numerous illustrations. Cloth..... 1.50

A TREATISE ON THE SCIENCE AND PRACTICE OF MEDICINE, or the Pathology and Therapeutics of Internal Diseases. By ALONZO B. PALMER, M. D., LL. D. •Part I. General Pathology, General Diseases, Diseases of the Organs of Digestion and Assimilation. Cloth..... 5.00

PRICE

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By JAS. ROSS, M.D. In two large octavo volumes. Illustrated with Lithographs, Photographs, and 280 Wood Engravings. Sent by mail, postpaid, on receipt of price $14.00

The INCIDENTAL EFFECTS of DRUGS. A Pharmacological and Clinical Handbook. By Dr. L. LEWIN. Translated from the German by W. T. ALEXANDER, M.D. Cloth..... 2 00

A CLINICAL HANDBOOK on the DISEASES OF WOMEN. By W. SYMINGTON BROWN, M.D. Cloth..... 2.50

A POCKET-BOOK OF PHYSICAL DIAGNOSIS; for the Student and Physician. By Dr. EDWARD T. BRUEN. With Wood Engravings. Cloth..... 2.00

JOHN P. MORTON & CO., Louisville, Ky.

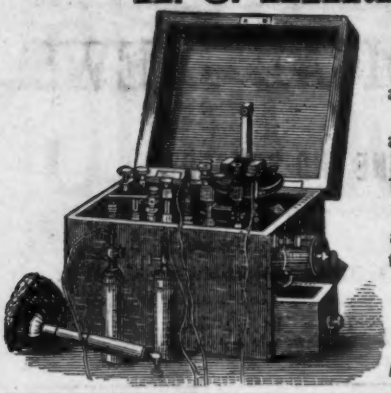
FULL STOCK OF MEDICAL BOOKS ALWAYS ON HAND

THE IMPROVED

Harris Electro-Medical, Galvanic, and Faradic Batteries,

PATENTED AND MANUFACTURED BY

A. C. HARRIS, Louisville, Ky.



FOR PHYSICIANS AND FAMILIES

Electro-medical appliances of all kinds supplied at reasonable prices.

Medical batteries of every description repaired at the shortest notice.

Good reliable agents wanted in all parts of the United States and Canada.

For illustrated catalogues, testimonials, price-lists, agencies, or any information concerning the batteries, address

G. T. CRAVEN & CO.,
General Agents for the United States and Canada.
141 and 143 Race Street, Cincinnati, O.
And 536 Third Street, Louisville, Ky.

QUALITY FIRST. ESTABLISHED 1817.

ARTHUR PETER & CO.

LOUISVILLE, KY.

Importers and Wholesale Druggists,

MANUFACTURING PHARMACISTS.

Dealers in Druggists' Sundries, Choice Pharmaceutical Preparations. Original makers of Aromatic Elixir Grindelia, Aromatic Anti-constipation Elixir, Aromatic Elixir Licorice, Instruments of all kinds, Atomizers and Douches.

DEPOT FOR PARKE, DAVIS & CO.'S PREPARATIONS.

THE NEWCOMB-BUCHANAN CO.

DISTILLERS

AND

Wholesale Whisky Merchants

PROPRIETORS OF THE CELEBRATED

ANDERSON AND NELSON DISTILLERIES

Producing the very highest grades of Sour-mash and Fire-copper

BOURBON AND RYE WHISKIES,

34 Fourth St., LOUISVILLE, KY

RUSH MEDICAL COLLEGE.

CHICAGO, ILLINOIS.

For Annual, Spring Course, or Post Graduate Announcement, address the Secretary,

JAMES H. ETHERIDGE,
1624 Michigan Avenue.

ew—350

TO THE MEDICAL PROFESSION.

CELERINA —THE— NERVE-TONIC

FORMULA.—CELERINA is the *isolated*, active *nerve-toning* principle of Celery, Coca and Viburnum, *combined* in a pleasant *fluid* form.

DOSE.—One or two teaspoonfuls *three* or *more* times a day, as indicated.

Each fluid drachm represents three and one-half grains each—Celery, Coca, and Viburnum, combined with Aromatics.

CELERINA is *the* Nerve Tonic *sans pariel.* It *refreshes the tired brain*, and imparts tone and vigor to the entire nervous system; therefore, it is of the *utmost value* in Nervous Exhaustion, Sexual Debility, Paralysis, Dysmenorrhœa, Spermatorrhœa, Hysteria, Chorea, Weakness of old age, and *all* LANGUID conditions of the system.

☞ **TO PHYSICIANS.—I will take pleasure in forwarding you free a sample bottle sufficient to test fully its merits. A trial only is sufficient to establish its medicinal value.**

J. H. McINTYRE, M.D.,
Surgeon in charge of the St. Louis Free Dispensary, St. Louis, Mo.

As a Nerve-Tonic CELERINA has few equals and no superior.

D. F. POWELL, M.D.,
La Crosse, Wis.

I believe that CELERINA is the *best Nerve-Tonic in use.* In one case (in which no other remedy was of benefit) a cure was effected. My patient was grateful—so am I.

L. CH. BOISLINIERE, M.D., LL.D.,
Professor Obstetrics and Diseases of Women, St. Louis Medical College.

After giving CELERINA a *fair trial* I have found that, as a Nerve-Tonic and Vital Reconstructor, it is *what it claims to be.*

GEO. C. PITZER, M.D.,
Professor Practice of Medicine, American Medical College, St. Louis, Mo.

I have prescribed CELERINA in cases of *weak, tired and nervous men and women, with satisfaction. It is a powerful and refreshing tonic, lasting in its effects.*

D. R. BROWER, M.D.,
Editor Chicago Medical Examiner, and Professor Nervous and Mental Diseases, etc., Woman's Medical College.

I have used CELERINA in several cases of nervous exhaustion with good results. It contains celery, coca, viburnum, excellent drugs that are often indicated in such cases.

C. H. HUGHES, M.D.,
Lecturer on Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, Editor of Alienist and Neurologist, etc.

I frequently prescribe CELERINA when I want to use a reliable compound of celery and coca, and the prescription has given me satisfaction in its results as a Nerve-Tonic in many cases.

C. C. FORBES, M.D.,
Visiting Physician to Female, Medical and Obstetrical, Department of Louisville City Hospital: late Medical Superintendent of Central Kentucky Lunatic Asylum, Anchorage, Ky.

* * * * The formula of Richardson's CELERINA challenges the confidence fully of any one acquainted with its constituents. I have had occasion to prescribe it in numerous cases, and have found it to justify my expectations to a highly satisfactory degree. In nervous debility, or nervous exhaustion, especially from protracted overwork—in short, for almost any form of neurasthenia, it seems to me an invaluable remedy.

R. DARRINGTON, M.D.,
Kingston, Miss.

I have obtained *the most satisfactory results* from the use of CELERINA in my practice. *I have never prescribed a preparation to which I am more indebted.*

JAY OWENS, M.D.,
St. Paul, Minn.

I am having good results from CELERINA in weakness of the generative organs in males, and also find it *an excellent general Nerve-Tonic.*

P. H. CRONIN, M.D.,
Surgeon, Department of Throat and Lungs, St. Louis Free Dispensary.

Having thoroughly tested the merits of CELERINA both in chemical and private practice, I take pleasure in stating that it is *superior* to any remedy of its class.

E. FLETCHER INGALS, M.D.,
Professor Physiology, Hygiene and Clinical Medicine, Medical College of Indiana, Indianapolis, Ind.

I have been using CELERINA in nervous diseases, particularly functional diseases of the heart, for some time, and I am satisfied that as now prepared it is a useful remedy.

N. F. DONALDSON, M.D.,
North Platte, Neb.

I have extensively prescribed CELERINA for spermatorrhœa, impotency, and other diseases of the male sexual organs, and it has never failed in doing more than all other remedies. I cheerfully recommend it to the profession.

H. A. COTTELL, M.D.,
Demonstrator of Anatomy, Microscopy and Medical Chemistry, University of Louisville, Medical Department.

CELERINA is a combination of drugs which meets all the requirements of a first-class prescription: It is efficient, agreeable and safe. I have used it in two cases of neurasthenia with highly satisfactory results, and shall give it still further trial.

CHAS. ZOLLER, M.D.,
Litchfield, Ill.

I have used CELERINA in two cases of mental depression caused by sexual exhaustion, and have found the results *very satisfactory.* I can give the *same favorable result* in two cases of "Opium Habit."

C. H. MULLEN, M.D.,
Chief, Tenn.

I have *fully tested* the merits of CELERINA, having used some 36 bottles in my practice, in cases of nervous prostration and general debility. *It has met every indication of a Nerve-Tonic.* I must say I am *highly pleased* with it.

PREPARED ONLY BY

J. C. RICHARDSON, Chemist, ST. LOUIS, MO.

Celerina is prepared for the use of Physicians only, and can be had from all reputable Druggists, wholesale and retail, in the United States, or from

RICHARDSON & CO., Wholesale Druggists, 710 North Main St., ST. LOUIS, MO.

ELIXIR OF WAHOO.

JUNE 1, 1882.

In 1879 we issued circulars asking the consideration and trial by Physicians of the Elixir and Fluid Extract of Wahoo. As stated in these circulars, we were influenced by the favorable therapeutic results reported by a number of leading medical men who tested it in their practice, at the suggestion of Dr. J. R. Black, in a paper published in the Philadelphia Medical and Surgical Reporter. Since that time it has been very largely used.

Its value as a remedy in Hepatic-Dyspepsia, or Biliousness, and in all cases in which a gastric tonic-cholagogue is indicated, has been established beyond question.

The demand created exceeded our ability to supply. For months we were unable to fill our orders, as it was impossible to secure the drug, of satisfactory quality, at any price.

We were forced to decline orders, or send but a small percentage of the quantity directed. It has only been within the last few months that we have had sufficient stock of the *bark of the root* (which is the *only* part of the shrub of any medicinal value), gathered at the right season.

The high price of the bark of the root, and the difficulty of procuring it, induced some houses who claimed their preparations were equal to the same articles made by us, to manufacture the Elixir and Fluid Extract of Wahoo from the twigs, small roots, and bark of the tree, the use of these products resulting in disappointment in the effect desired and prejudicing physicians against this really valuable medicine.

We will be glad to send a sample of the Elixir, sufficient to test fully its merits, to any reputable medical man who will pay express charges (as we are unable to send by mail), confident a trial will confirm all we claim as to its value and our belief in its superiority in every respect to Podophyllin, Leptandrin, Iridin, and in fact any of the indigenous cholagogues and tonics, some of which are largely used and deservedly held in high esteem.

We can not too strongly recommend it for patients suffering from torpid liver, and deranged stomach, resulting from too free use of wine and spirits. It will be found to give speedy relief. A tablespoonful of the Elixir should be administered every other night for a week. It should then be given as often in one to two teaspoonful doses until relieved.

The value of Wahoo is so readily determined from absolute therapeutic results by physicians testing it, for a few days, that we again urge them to use in any case in which a cathartic effect is desired, with conjoint action upon the liver.

We will be pleased to mail our pamphlet on the above to any Physician desiring to read it.

JOHN WYETH & BRO.

MANUFACTURING CHEMISTS.

PHILADELPHIA.

NESTLE'S MILK FOOD.

ITS PREPARATION AND VALUE FOR INFANTS.

Preparation.—For an infant under three months, mix one tablespoonful of the Food with ten of hot or cold water. Hold over the gas, lamp, or stove, with constant stirring, until it has boiled two or three minutes. Cool to about blood heat, and give in feeding-bottle. For a child three to ten months old, mix in proportion of eight of water to one of Food. For a pap, in proportion of five of water to one of Food.

Value.—Containing only Milk, Wheaten Bred Crust, and Sugar, this Food supplies all the elements necessary for complete alimentation, in the most easily assimilable form; the *Milk* furnishing Casein, Albumen, Hydrates of Carbon, and Sugar of Milk, while the *Wheaten Bread Crust* supplies Nitrogen, and is especially rich in *Saline Matter*, particularly in potash salts, mainly in the form of phosphates, and Carbon is obtained from the *Cane Sugar*. It makes pure blood, firm flesh, hard muscle, and tough bone. It is a sure preventive of Summer Complaint, and by its use the bowels can be kept in just the state desired. It is retained on the stomach often when everything else is rejected. The simplicity of its preparation and the uniformity obtainable are two points, the value of which can not be overestimated.

Particular Attention.—We do not claim that this Food will agree with *all* children. We do not think that any artificial food will ever be made which will do this, as nature sometimes fails, a mother's milk not agreeing with her own child. We only claim, what has been proved by its use for fifteen years past, that it will agree with a *larger proportion* of children than any other artificial food.

A pamphlet, by Prof. H. Lebert, of Berlin, giving fuller particulars of the Food, sent to any address on application to

THOMAS LEEMING & CO., Sole Agents,

18 COLLEGE PLACE, NEW YORK CITY.

For a perfectly pure **CONDENSED MILK**, free from starch of any kind, try Nestle's. ew—370

MULTUM IN PARVO.

NO PRACTICING PHYSICIAN CAN AFFORD TO BE WITHOUT IT!

The American Practitioner's Simplified Visiting List and Account Book.

(COPYRIGHTED.)

This improved Visiting List and Account Book, which is so arranged as to be conveniently carried in the coat-pocket, contains a NEW and SIMPLIFIED SYSTEM of keeping the accounts of practicing physicians with their patients, and which is so simple, complete, and accurate as to entirely dispense with the use of ALL other books, being complete and perfect within itself, and avoiding the necessity of posting or transferring the accounts, thus saving a great deal of writing, time, and labor.

The book is 5 x 7¼ inches (a good pocket size), handsomely and substantially bound in real Russia or Morocco, with Tuck, printed on bond paper.

No. 1600—Arranged for 200 Patients, Price, each							**$3 50**
No. 1602	"	"	**300**	"	"	"	**4 50**
No. 1604	"	"	**400**	"	"	"	**5 50**

Sent to any address, postage paid, on receipt of price. **TERRELL, DIETZ & CO., Publishers,**
Full descriptive circular sent on application. 514 W. Main St., Louisville, Ky.

Medical Education.

The Cincinnati College of Medicine and Surgery. Forty-eighth regular session, 1882-3. Full faculty, fine Clinics and unsurpassed facilities. Fees: Matriculation $5; Professor's ticket **$35**
For Catalogue, address the **DEAN.**

COMMERCIAL AND LEGO-MEDICAL CHEMICAL ANALYSES,

Such as the determination of the value of Coals, Iron, Minerals, and Fertilizers; analysis of **Medicinal and other Waters**; Chemical and Microscopic Examinations of **Urine, Pus, and Blood**; Examination for **Poisons**, and general **Lego-medical Investigations** requiring the services of a Chemist. Address

J. P. BARNUM, M.D., Analytic Chemist,
LOUISVILLE, KY.

862-eow

TO PHYSICIANS.

LISTERINE.

FORMULA.—Listerine is the *essential Antiseptic* constituent of Thyme, Eucalyptus, Baptisia, Gaultheria, and Mentha Arvensis in combination. Each *fluid dram* also contains *two* grains of *refined* and *purified* Benzo-Boracic Acid.

DOSE.—One teaspoonful *three* or *more* times a day (as indicated). As a local application to ulcers, wounds, and abscesses, or as a gargle, mouth-wash, inhalant, or injection, it can be used *ad libitum*, diluted as desired.

LISTERINE is a **powerful, safe,** and **pleasant** Antiseptic. The beneficial results following its use in Phthisis, Diphtheria, Catarrh, Dysentery, Scarlatina, Erysipelas, Smallpox, Typhoid and Malarial Fevers, etc. proves it to be a restorative Antiseptic of the very highest order of merit. It is the most efficient agent to disinfect the hands after surgical or gynecological operations, and is *the best* injection in Leucorrhea, Gonorrhea, etc. used in the proportion of from two to sixteen parts water, and one part Listerine.

Full Clinical Notes from the following and many other well-known physicians sent upon request:

PHILIP S. WALES,
Surgeon-General, United States Navy.

CHRISTOPHER JOHNSON, M.D.
Emeritus Professor of Surgery, University of Maryland, etc. etc.

MONTROSE A. PALLEN, M.D., LL.D.
Professor of Gynecology, University of the City of New York, and Surgeon to the Maternity Hospital, etc.

HENRY O. MARCY, M.D.
Boston.

W. W. DAWSON, M.D.
Professor of Surgery, Medical College of Ohio, etc.

EDWARD W. JENKS, M.D., LL.D.
Professor of Diseases of Women, and of Clinical Gynecology, Chicago Medical College.

H. P. C. WILSON, M.D.
Ex-President Medical and Chirurgical Faculty of Maryland, and Baltimore Academy of Medicine; Vice-Prest. American Gynecological Society.

OSCAR J. COSKERY, M.D.
Professor of Surgery, College of Physicians and Surgeons, Baltimore.

E. R. PALMER, M.D.
Professor of Physiology and Physical Diagnosis, University of Louisville.

HARVEY L. BYRD, A.M., M.D.
PRESIDENT; *Professor of Obstetrics and Diseases of Women and Children, Baltimore Medical College.*

JOHN A. OCTERLONY, A.M., M.D.
Professor of the Principles and Practice of Medicine, Kentucky School of Medicine.

E. B. STEVENS, A.M., M.D.
President Cincinnati Obstetrical Society.

E. H. GREGORY, M.D.
Professor of Surgery, St. Louis Medical College.

T. F. PREWITT, M.D.
DEAN; *Professor of Surgery, Missouri Medical College, Surgeon to St. John's Hospital, etc.*

P. V. SCHENCK, M.D.
Surgeon in charge St. Louis Female Hospital.

W. L. BARRETT, M.D.
Lecturer on Diseases of Women, St. Louis Medical College.

GEORGE J. ENGELMANN, M.D.
Professor of Obstetrics in the Post-Graduate School of the Missouri Medical College.

NATHAN S. LINCOLN, M.D.
Emeritus Professor of Surgery, Medical Department Columbia University, Washington, D.C.

FESSENDEN N. OTIS, M.D.
Clinical Professor Venereal Diseases, College of Physicians and Surgeons, New York City.

CHARLES T. PARKES, M.D.
Professor of Anatomy, Rush Medical College, Chicago.

PERCY NORCOP, M.D., F.R.C.S.
Formerly Surgical Dresser to Professor Lister.

JOSEPH TABER JOHNSON, A.M., M.D.
Professor of Obstetrics and Dis. of Women and Infants Med. Department University of Georgetown, D. C.

E. FLETCHER INGALS, A.M., M.D.
Professor of Diseases of the Chest and Physical Diagnosis, Rush Medical College, Woman's Medical Colleges, etc. Chicago, Ill.

A. F. ERICH, M.D.
Professor Diseases of Women, College of Physicians and Surgeons, Baltimore.

THOMAS F. WOOD, M.D.
President Medical Society of North Carolina, Wilmington, N. C.

JAMES M. HOLLOWAY, M.D.
Professor of Surgery, Hospital College of Medicine, and Kentucky School of Medicine, Louisville, Ky.

DUNCAN EVE, M.D.
Professor of Surgery, Medical Department University of Tennessee.

A. M. OWEN, M.D.
Professor of Surgery, Evansville Medical College.

JOHN P. BRYSON, M.D.
St. Louis.

F. J. LUTZ, A.M., M.D.
Surgeon to Alexian Brothers' Hospital; Physician to Misericordia Asylum for the Insane and Nervous.

E. S. LEMOINE, M.D.
One of the Physicians to St. Luke's Hospital, St. Louis.

G. A. MOSES, M.D.
Lecturer on Clinical Gynecology, St. Louis Medical College.

J. B. JOHNSON, M.D.
Professor of the Principles and Practice of Medicine, St. Louis Medical College.

WM. PORTER, A.M., M.D.
St. Louis.

LAMBERT & CO., Manufacturing Chemists,

307 LOCUST STREET, ST. LOUIS.

☞ *Listerine is sold by all Druggists on Physicians' Prescriptions.* ☜

cw-336

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XIV. LOUISVILLE, OCTOBER 21, 1882. No. 17.

LUNSFORD P. YANDELL, M.D., . . } Editors.
L. S. McMURTRY, A.M., M.D., . . . }

DR. C. R. AGNEW ON ETHICS.

In the October number of the New York Med. Journal and Obstet. Review is a long and labored article by Dr. C. R. Agnew, of New York, on The Limits of Medical Ethics. Some time since a learned metaphysical essay upon the same topic, by a well-known lay scholar of the State of New York, was given to the profession in a communication addressed, if we mistake not, to Dr. Agnew. In June last Dr. A. attended the meeting of the American Medical Association at St. Paul as a representative of the "new departure" in medical ethics made by the State Medical Society of New York. The attempt to carry such "reforms" into the national Association met with an overwhelming rebuke from that body. The voice of the Association was of no uncertain tone. The temper of that assemblage on this subject was manifest from the beginning to the the close of the session. The meeting was largely attended, and its representation was thoroughly national in character. Dr. Agnew must have keenly felt the rebuke to the movement he was so earnestly pressing on the profession in the enthusiastic declaration of so large and respectable a body of his professional brethren.

Since that time the county societies of the State of New York, whose delegates compose a majority of the State Society, have unequivocally repudiated and rescinded the action of last year which established the new code. Even the homeopaths—and, for all we know, the eclectics and clairvoyants—have declined to accept the privileges afforded by the wide latitude which the new code confers upon consultations; and yet, after all this, Dr. Agnew continues to urge the movement on the attention of the profession.

The article before us has this tragical motto at its head: "Where liberty is gone, life grows insipid and has lost its relish.—Addison." It purports to be a reply to Dr. E. R. Squibb's able article upon the new code, which appeared last July, but it is in the main a recapitulation of the old, illogical arguments for abolishing the Code of Ethics. The claims that gentlemen need no laws to govern their intercourse with one another, and that nothing but good can come from the utmost freedom in consultation, are here renewed, with the familar illustrations. He advocates consultation with all classes of irregular practitioners, and favors the adoption by Congress of Senator Cameron's resolution making it an offense to discriminate in favor of any "school of medical practice" in the appointment of candidates for medical service in any of the departments of the Government. He alludes to the "Old School of Medicine" when meaning the medical profession, and complains of the restrictions of the Code of Ethics of the American Medical Association.

There is only one feature of the entire matter to which we desire to direct attention at this time. We have called attention particularly to the fact that the great objection made to *the* Code is its restriction in

the matter of consultations. So far as liberty is concerned in general professional relations with the public, the profession, and patients, we can not see how objection could be offered to that admirable application of the golden rule. It is the part which relates to consultations which furnishes the theme of Dr. Agnew's article, and to which our brethren in New York have from the beginning directed their attack. When it was observed that the most prominent and active advocates of the new code at that slimly-attended meeting of the New York State Society in which it was adopted were prominent specialists, the suspicion arose in every mind that a desire for consultation with irregulars for the pecuniary advantage it would give prompted their action. That this was the true motive of their conduct was freely charged, and it was indignantly repelled by the organ of the new departure in medical ethics.

Now, we would ask, is this persistence in urging the matter on the profession, in the face of the events of the past six months, calculated to remove this impression from the mind of that large and respectable body known as the medical profession? The profession of the entire country has expressed in unqualified terms its views and purposes relative to the movement inaugurated by the New York specialists, and it only remains for the advocates of the new code to accept the situation gracefully or to go out among the irregulars. One horn of this dilemma is inevitable.

THE State Board of Health of Kentucky was called by the president to meet in regular quarterly session, in this city, on the 16th inst. The meeting failed for want of a quorum. It is understood that a meeting will be held in January next.

IN consequence of hurried proof-reading a grammatical error crept into the last sentence of Dr. Jno. B. Richardson's paper contained in our issue of the 7th inst.

MISCELLANY.

TO THOSE of our readers especially interested in matters appertaining to sanitary science, and to physicians generally, the following communication just received from the office of the Sanitary Engineer will be read with gratification. No one interested in preventive medicine, and indeed no good citizen, could regard otherwise than with regret the action of the recent Congress in refusing the appropriation necessary for the publication of the Bulletin of the National Board of Health. That this publication will be incorporated with the Sanitary Engineer will be welcome intelligence to the profession, and at the same time it is an additional mark of the energy and ability of that excellent journal:

When the announcement that the Congress of the United States had refused to grant the appropriation needed to defray the expenses of continuing the publication of the Bulletin of the National Board of Health reached us we were in Europe. The expressions of regret at this action we there heard, and the complaints from all parts of this country which have since reached us from those capable of appreciating the value of these records, induced us to propose to the National Board of Health that we would give space to print the most important information heretofore published in the Bulletin, if the Board would place at our disposal such data as would enable us to make the necessary compilations.

This offer having been accepted, we have provided for a permanent increase in the size of The Sanitary Engineer, and one page, at least, in each issue will be devoted to the purpose of continuing, so far as we are able, the work hitherto performed by the Bulletin.

It may be well to state that in taking up this new feature our purpose is, first, to make this journal of more value to its readers; and secondly, it seemed to us desirable to keep together the corps of correspondents of the Board, many of whom might be unwilling to continue sending information not likely to be promptly available for public inspection and comparison. This work would have been begun sooner but for the fact of our absence from the country before alluded to. It is proposed to develop this department as rapidly as the interest in it is made manifest. Meanwhile we ask the indulgence of our readers for a few weeks, as it is hardly to be expected that our first attempt will show as full and complete information as we hope to give.

EDITORS OF THE SANITARY ENGINEER.

NEW YORK, October 12, 1882.

THE AMERICAN ACADEMY OF MEDICINE.—The seventh annual meeting of the American Academy of Medicine will be held in the Hall of the College of Physicians, Thirteenth and Locust Streets, Philadelphia, on Thursday, October 26, 1882. This organization is composed of members of the profession in the United States who have received

a degree in letters previous to receiving the degree in medicine. Its purpose is the advancement of medicine as a science, the improvement of its membership in professional attainments, and the encouragement of thorough academic study previous to entering upon the course of instruction in medicine. The Academy already numbers among its members many of the most learned and accomplished members of the profession in this country, and is destined to do a great work for the American profession. While only those physicians who have received the degree of A.B. or A.M. are eligible for membership, the organization deserves the encouragement of medical men every where. For information it is only necessary to address the efficient and accomplished secretary, Dr. Rich'd J. Dunglison, P.O. box 2386, Philadelphia, Pa.

THE DECLINE IN THE USE OF INTOXICATING LIQUORS.—The great diminution in the consumption of wine and spirits among all classes is a fact attested by the steady decrease of the revenue from those sources, which but a few years ago was attaining an amount of surprising magnitude. The untiring efforts of zealous advocates, and the activity of the various temperance organizations are obviously producing satisfactory results. Of the many influences at work in the promotion of the good cause, it may be mentioned that of late years, in the majority of the colleges at Oxford, measures have been taken to encourage temperance habits within their own bodies. This has led to temperance societies being formed in the different colleges, and the originators of the scheme have organized weekly entertainments in the course of the movement which, it is said, have both directly and indirectly raised the morality of the borough. It is noteworthy for its significance that public-house property, both in the metropolis and the provinces, is much depreciating in value. As an instance, out of ten London taverns submitted for public sale lately, the value of each being estimated at from £5,000 to £8,000, only one was sold, the biddings in all the other cases having fallen considerably short of the reserve price.—*Med. Times and Gazette.*

PULVIS DOVERI.—People whose "inward griefs and peristaltic woes" have been relieved by the powder of Dover do not generally know to whom they are indebted for this excellent compound. Dr. Dover was a friend and probably pupil of the great Sydenham. He commenced practice in Bristol, where, having made some money, he longed to make more. The roll of the College of Physicians tells us that he joined with some merchants in fitting out two privateers for the South Seas, in one of which, the "Duke," he himself sailed from Bristol, August 2, 1708. On the passage out they touched at the island of Juan Fernandez, where Dover on February 2, 1708–9, found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In April following Dover took Ginaguil, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of twenty guns and one hundred and ninety men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in October, 1711. After this cruise Dr. Dover removed to London, where his practice soon became great. His patients, and the apothecaries who wished to consult him, addressed their letters to the Jerusalem Coffee-house, where at certain hours of the day he received most of his patients.—*Canadian Jour. of Med.*

M. MARTINEAU has treated six hundred syphilitic patients by subcutaneous injection of ammonio-mercuric peptone (British Med. Journal). He has performed eleven thousand injections in all. He has never had any mishaps, neither phlegmon nor abscess, even in a patient suffering from diabetes mellitus. He has hardly ever seen any signs of stomatitis or salivation, nor any of the phenomena of mercurial cachexia or gastro-intestinal disturbance.

THE regular semi-annual meeting of the McDowell Medical Society will be held in Owensboro, Ky., on November 1st and 2d. This society has won an enviable reputation as a live and efficient organization, and its membership includes many of the best practitioners in Kentucky. A number of papers are announced for the coming meeting, and the occasion promises to be one of increased interest.

THE American Public Health Association held its annual session in Indianapolis during the past week.

THE new edition of Gross's Surgery is announced.

Original.

RETAINED MEMBRANES IN ABORTION.

BY WM. H. WATHEN, M. D.,
Professor of Obstetrics and Diseases of Women, Kentucky School of Medicine.

It is difficult for the average practitioner to retain in mind the details of the anatomy, physiology, and pathology of the fetal and maternal membranes in pregnancy, and in consequence he is exposed to errors that may result in serious injury to or death of his patient. He forgets that there is no placenta until after the end of the second month; that after its formation till the end of the fifth month it is very firmly attached to the uterus, due to the maternal development at this time being proportionately or relatively greater than the fetal development; and that its attachment from the end of the fifth month to full term is less firm and more easily separated.

I have been consulted by physicians of extensive experience as to the propriety of dilating the cervix and removing a retained placenta in an abortion before the end of the second month. There is no reason why every physician should not know that until the beginning of the third month the fetus is surrounded by only the two fetal membranes, the amnion and the chorion, and the two maternal membranes, the decidua reflexa and the decidua vera; and that in abortion previous to this time the membranes are usually thrown off intact with the fetus, and that there can be no retention of the placenta, and the retention of such membranes as may not be thrown off would not generally cause trouble. If these retained membranes cause hemorrhage, however, the application of the tincture of iodine to the uterine cavity or the removal of the shreds by means of the blunt wire curette will control it. In abortions after the formation of the placenta the membranes often rupture, and the fetus is expelled first and alone; the membranes are sometimes firmly adherent, and the cervix may contract so firmly that the uterus can not, for the time being, expel the placenta. If the os remains patulous and the placenta is not expelled, it should be carefully and thoroughly removed by the finger, the blunt wire curette, or the placental forceps. If there is hemorrhage after the removal of the placenta, it can be controlled by applying tincture of iodine to the uterine cavity, or by injecting into the cavity water at a temperature of 120°. Where the cervix is contracted so closely that the placenta can not be removed by the above means, obstetricians differ as to whether it is better to dilate the cervix at once and remove the placenta, or to trust to Nature for the time being. If the woman is visited frequently, or is where she can be seen within short notice, it is probably well to wait twelve or twenty-four hours; but if the placenta is not now expelled it would be hazardous to delay longer, and it should be removed at once by the aid of artificial means. Where the woman is far away from her physician it is decidedly better to dilate the cervix at once with sponge or tupelo tents and remove the placenta.

There are so many serious complications that may arise from a retained placenta that it is never safe to allow it to remain in the uterus over twenty-four hours. If allowed to remain longer it may, in rare instances, possibly be absorbed and cause no trouble, but usually it remains as a foreign body and may cause serious and even fatal hemorrhage at any time. The complications to be most dreaded result from decomposition of the placenta, causing septicemia, or extensive inflammation in the cellular or peritoneal tissue about the uterus. Occasionally the placenta is converted into or surrounded by a fibrinous polypus which must be removed to prevent hemorrhage.

Where the abortion occurs before the end of the third month with retention of membranes, or where the fetus dies previous to that time, the membranes, or the membranes and the little placenta, may develop into an amorphous mass called a fleshy mole; or the chorion villi may degenerate into vesicular growths known as hydatiform degeneration of the villi of the chorion. In either of these conditions the mass will generally not be retained more than four months, but it has been retained for nearly a year, and until its expulsion we may at any time expect serious hemorrhage. If a positive diagnosis can be made the cervix should be dilated and the mass removed; but in most cases the condition is so masked that a correct diagnosis is almost impossible, and we have to await results and prepare for emergencies.

I subjoin the following report of cases illustrative of this subject:

CASE I.—*Probable Absorption of Fetus and Membranes.* Mrs. R., who had suffered three abortions, each in the fifth month of pregnancy, consulted me in December, 1881, to

determine if she was pregnant. Her menses had become irregular, which had never occurred except in her pregnancies in which she had aborted. She had the usual subjective symptoms of pregnancy, with enlargement and hardening of the breasts and discoloration of the areola. The uterus was enlarged to the size of a two months' pregnancy. The signs of pregnancy, with but little increased enlargement of the breasts and some enlargement of the abdomen, continued with the same menstrual irregularity until she counted herself four and a half months pregnant. On March 15th she had symptoms of a threatened abortion, with severe intermittent contractions of the uterus and considerable hemorrhage. This continued for several days, except when thoroughly under the influence of an opiate. Her pregnancy continued, as she supposed, until about the middle of April, but with no further enlargement of the breasts or abdomen. She had for several weeks felt what she conceived to be indistinct movements of the fetus. All motions now ceased and the breasts and abdomen began to decrease and were pretty soon reduced to nearly normal size. In an examination it was observed that the uterus was the size of a two months' pregnancy, and that the remaining enlargement of the abdomen was gaseous. She had no menses after her apparent effort to abort. Her health improved and she felt perfectly well except at intervals of four weeks, when she would have pain in the back, a sense of weight in the pelvis, and other signs of menstruation. I was now of the opinion that the fetus had died and that the retained membranes had developed into a fleshy mole. As she suffered no inconvenience I advised her to go about her affairs as usual, but to send for me at once if she observed any flow or had any uterine contractions. As she had no inward symptom I consented for her to go to her country home the last of June to spend the summer, having written full particulars of her case to her physician. At the time for her period in July she suffered very severe pains in her back and in the lower part of her abdomen, with no discharge of any sort. August 23d, after severe labor pains for several hours, she expelled a large mass which, upon examination, was observed to be the membranes and placenta enclosing a three months' fetus normal in appearance. She recovered in due time and is now enjoying excellent health with regular menstruation.

I now believe that she conceived some four and a half months before her effort to abort in March, and that the conception was destroyed at the beginning or previous to the formation of the placenta, and that the entire mass, membranes, placenta, and fetus, were dissolved and absorbed, and that, though ovulation was resumed, the partial product of the old conception prevented menstruation, and that the second conception occurred before it was all absorbed. Possibly some of the mass was thrown off with the final abortion, but I was not with her at this time. Instances of this sort are recorded and are by no means impossible, but are quite rare.

CASE II.—*Fleshy Mole.* In February, 1882, I was consulted by Mrs. T., who supposed she was suffering with some form of uterine disease. About a year ago, while under the treatment of Dr. John E. Crowe, she aborted during the third month. When she applied to Dr. Crowe she was complaining of metrorrhagia, and he did not suspect pregnancy until the abortion. All the membranes, she says, were removed, and she had no further trouble until a month before she came to me. The uterus was retroverted and three inches in depth, but I could discover nothing in its cavity. She had considerable metrorrhagia, and I observed no signs of pregnancy. As she was very anemic I ordered tonics and nourishing and easily-digested food. I made applications every four days of Churchill's tincture of iodine to the uterine cavity, and ordered one and a half gallons of hot water injected into the vagina twice daily. She improved some under this treatment and stopped coming to my office. In April I was called to see her and found her with lips pale, and so feeble from excessive loss of blood that she could not sit up in bed without having marked syncope. The uterus was four inches deep and perfectly flaccid, with an accumulation in its cavity. With a blunt wire curette I removed several large pieces of tissue resembling imperfectly developed placental tissue. Having gotten away all that could be removed I applied Churchill's tincture of iodine to the uterine cavity and tamponed the vagina. She lost but little blood, and rested well after the operation until 12 o'clock at night, when she had several severe uterine contractions. Upon removing the tampon next morning a large mass of tissue, such as was removed the afternoon previous, was found in the vagina, and the uterus had contracted nicely, with the depth

of its cavity only three inches. She had no further trouble, and soon got comparatively stout. She has recently become pregnant again and has had signs of an abortion.

It is possible that in the abortion in which Dr. Crowe attended her he failed to remove all the membranes, from which was developed the tissue which I removed. This may result from placental tissue or from the villi of that part of the chorion attached to the uterus at the decidua serotina; but the more probable explanation is that it resulted from another conception in which the fetus was destroyed early in its existence, and was dissolved in the amniotic liquid and absorbed without causing the expulsion of the membranes, which continued in an irregular state of development.

CASE III. — *Expulsion of Fetus inclosed in Amniotic Sac, with retained Placenta.* In November, 1881, I was called to the country to see a Mrs. —. I arrived at four o'clock in the afternoon, and was told by her husband that his wife became badly frightened the night previous, and afterward, in the act of urinating, passed without pain a two-months' fetus, with the membranes intact. He was positive that the pregnancy was not over two or two and a half months, and that the membranes were expelled with the fetus containing the liquor amnii. His wife said she had not passed the placenta, and asked me to remove it. I assured her that if the pregnancy was only two or two and a half months the placenta had only begun to form, and that it was certainly thrown off with the fetus, since the membranes were not ruptured. She had suffered no pain nor had any hemorrhage since the abortion, and the os was so contracted that the end of the finger could not be introduced. During the second or third day she had severe uterine contractions, and passed a mass about three inches in diameter, which a physician who was called in my absence told her was the placenta. He made no microscopical examination, and it may have been an organized blood-clot, which in general physical appearances closely resembles placental tissue. I know of no instance where the membranes were expelled entire with the fetus, leaving the placenta in the uterus. It might occur where the external fetal membrane only is ruptured and the cord severed at the point where it passes through the space between the chorion and amnion, leaving the chorion, the decidual membranes, and the placenta in the uterus, the amnion containing the liquor amnii and the fetus being expelled.

CASE IV.—*Hydatiform Growths expelled from the Uterus in Utero-tubal Pregnancy.* In December, 1873, I was called to see Mrs. C., who was having considerable flooding and was suffering severely over the left inguinal region. In the preceding February she gave birth to a child, which lived only two months. She was unwell two months after delivery, and was regular till ten weeks before I saw her. Since her menses stopped she was nauseated a great deal, and she believed she was pregnant. The uterus was low in the pelvis and apparently retroverted, with slight dilatation of the os. There was great tenderness over the left inguinal region, with increased hardness and some enlargement. I kept her in bed under the influence of morphia. After a few days I had her taken to St. Joseph's Infirmary. She continued in about the same condition for three weeks, and then began to enlarge rapidly in the mesial line over the pubes. I could not come to any positive diagnosis, but suspected extra-uterine pregnancy, although this would not account for the central enlargement. Several eminent practitioners examined the patient, but differed widely in their conclusions, so that I derived no benefit from consultations with them. She now suffered almost constantly and enlarged so rapidly that in a month she was the size of a woman at term. About the last of January, 1874, she expelled half a gallon of dark clotted blood, when the abdomen correspondingly decreased in size. In a few days the abdomen began to increase, and in ten days there was another similar discharge of blood, followed by a diminution in the size of the tumor. An alternate increase and decrease in the size of the abdomen continued for three months, when after a discharge of blood there was expelled from the uterus, in a mass, nearly a gallon of hydatiform growths, from the size of a millet-seed to that of a cherry. All the abdominal enlargement was now gone, except that in the left side, which remained larger than one's fist. On the second day severe circumscribed peritonitis was developed in the vicinity of the tumor, and for a few days I thought she would not recover. After the acute symptoms subsided the tumor was immovable, having been surrounded with coagulated lymph. She continued to improve and soon regained her strength. At the end of the fourth month the tumor was mostly absorbed, and firm pressure caused no pain.

Her health has since been good and her menstruation regular, except when pregnant or nursing. She has had several children since, and at one time had twins.

The nature of the disease, which at first was so difficult to understand, seems now quite clear. That the little tumors were dropsy of the villi of the chorion there can be no question, for they could be confounded with nothing but hydatids of the uterus, a disease so extremely rare that it is doubtful if there are but few, if any, well-authenticated cases published. There could be no chorion without pregnancy, and if the fetus had been in the uterus some of its remains would probably have been discharged, but nothing of the kind was ever detected. Again, if the pregnancy was uterine how can we account for the early enlargement in the extra-uterine region, and that subsequent to the passage of the hydatiform growths? It must have been near the uterus from the fact that the degeneration was in its cavity. If it had been far out in the fallopian tube the membranes would naturally have ruptured and the contents fallen into the abdominal cavity. This case is probably unique.

CASE V.—*Expulsion of Fleshy Mole after Introduction of the Uterine Sound.* In the autumn of 1875 I was called to see Mrs. C., whom I had cured, six months previously, of chronic endometritis and metrorrhagia. She said she had been entirely relieved while under my treatment, and that her menses had been regular and natural; but nearly a month ago she began flooding every few days, with pain and a sense of weight in her pelvis, and that the old trouble had returned. She never suspected pregnancy, and the symptoms were so similar to those for which I had treated her the preceding spring that I was at once emboldened to introduce the sound well into the uterine cavity. To my surprise it entered to a depth of four inches. I now feared she was pregnant, but as there was no discharge of liquor amnii thought probably an abortion might not be induced. I told her to remain in bed, and to send for me in haste if she began having much pain or flooding. I was called in six hours, and before reaching her she had strong uterine contractions, and expelled something, after which she was relieved of pain and hemorrhage. In an examination of every thing she had passed from the uterus I could find no fetus, but only a fleshy mass with the usual characteristics of a mole. I was pleased to find I had not produced an abortion by the introduction of the sound, but had accidentally accomplished what is to be desired in such cases. She recovered promptly, and during the year following gave birth to a healthy child.

LOUISVILLE.

Correspondence.

MANAGEMENT OF THE INSANE.

[Since our last issue we have received a number of communications from prominent alienists relative to the question of restraint and punishment in the management of the insane. Our space will not permit the publication of these communications in full, and we have selected the following extracts. The subject is one of great importance to physicians, and the views expressed below embody the most advanced ideas of the profession.—EDS.]

ALABAMA INSANE HOSPITAL,
TUSCALOOSA, October 9, 1882.

DEAR SIRS: . . . Without stopping to discuss this vexed question, it is sufficient to state that the most reliable expert opinion is opposed to the adoption of punitive measures of any kind in the management of the insane; and the general principle, which we think admits of even a much broader application than is here insisted on, is, so far as we are informed, universally accepted and acted upon by those in charge of our best asylums for the insane both in this and foreign countries. When we call to mind the cruelties practiced, from time immemorial, both on lunatics and children, in the milder guise of punishment, it is not surprising that the system should have been totally abolished in the treatment of the one, and so modified in its application to the other as to have almost passed into disuse among intelligent parents.

In the matter of mechanical restraint there is more difference of opinion, and of course a greater diversity of practice among alienists in different parts of the world. In America, with few exceptions, a judicious system of restraint is insisted upon as productive of the best sanitary results. In other countries, especially in some of the best asylums in England and Scotland, restraints of all kinds are totally discarded. In many of these asylums the doors are never locked against the patients, and the latter are permitted to go in and out at will. It would occupy more of your time than you would

be willing to give to go fully into a description of this system. An interesting article, from the pen of Dr. J. Draper, on Insanity in Great Britain and upon the Continent of Europe, in the last July issue of the Alienist and Neurologist, will fully repay perusal, and will convince you very clearly that the principle of non-restraint, under favorable conditions, is at least quite practicable.

I am just in receipt, from the hands of the printer, of the advance sheets of my forthcoming annual report of this hospital, and, as the section under the head of General Management answers very explicitly these questions as to the duties and prerogatives of the nurses, I herewith inclose it.

In the treatment of our patients we have almost entirely succeeded in discarding mechanical restraint of every kind, and our intercourse with them is characterized by the utmost kindness, candor, and courtesy. There are no leather mittens, muffs, bed-straps, restraining-chairs, shower-baths, or other terrifying apparatus in use in this hospital. A stout suit of canvas which can not easily be torn is occasionally put upon those who persistently destroy or remove their clothing, and it may be necessary to confine to his room a very excited and dangerous patient for a short while or until his paroxysm subsides; but these expedients are seldom resorted to, and never without the approval in each case of one of the physicians. It often happens, for weeks at a time, that no recourse is had to either of the measures above alluded to. In passing through our hospital, especially among the most excitable class of the insane, visitors are surprised to witness so much order, quietude, and contentment on every side. . . .

We believe it quite possible that this principle of non-restraint may be carried so far as to be injurious in individual cases. We have often refused to allow a patient to be restrained when we knew that a little judicious coercion would do him good. The great objection to the use of mechanical apparatus for coercing a refractory patient is its liability to be abused. It is easier, safer, and far better, on the whole, whatever may be the advantages lost in a few individual cases, to discard it entirely when it can be done.

Much of our success in bringing about this pleasant state of things is undoubtedly due to the rigid discipline of the nurses and others who have any control of the patients. Rough usage or unkindness in any shape is positively forbidden on the part of the nurses, and when practiced is followed by a swift dismissal from our service. If a nurse strikes a patient for any cause—whether in self-defense or otherwise—he is immediately dismissed. When complaint is made by a patient of rough usage or impolite language on the part of his nurse, the matter is at once carefully investigated. Other patients in the ward with sufficient intelligence to give an opinion are often called upon for the facts, and if the allegations are established the nurse is discharged. In fact, it is a rule in this hospital that when a nurse fails to give reasonable satisfaction to his patients he is considered unfit for the place, and is recommended to resign. It is easy to gain the good will and even the affection of a large majority of the insane. They are not hard to please. The prime object in the establishment of such institutions as these is to secure to the unfortunate inmates the kindest care and the largest degree of personal comforts compatible with their condition, and any system which loses sight of this is fundamentally wrong and ought to be amended. . . .

Speaking of the value of a proper discipline of the nurses and employes about an establishment of this kind, I would state that the system established here twenty years ago of imposing a small fine in money for every careless or willful neglect of duty is still in vigorous operation. This system, so far as I know, is peculiar to this hospital; and, besides effecting a saving to the institution in money, it enforces an attention to duty which I am satisfied no other method can so easily and pleasantly effect. It serves too, I am further convinced, to secure us a more reliable and efficient corps of nurses and employes, since the insubordinate and worthless characters who are always on the lookout for easy places seldom apply to us for employment.

Very truly yours,
P. BRYCE, *Sup't.*

STATE LUNATIC ASYLUM,
ST. JOSEPH, MO., Oct. 10, 1882.

DEAR SIRS: . . . Corporal punishment for any purpose has long been abandoned by asylums every where. I do not consider punishment proper or necessary treatment of the insane. I do not consider humane, adequate, and protective restraints corporal punishment, but they are proper remedial agents in the treatment of lunatics.

Attendants in this institution are not permitted to control the restraining of the insane any more than they are the prescribing of medicine or the administration of other curative agents.

Very truly,
GEO. C. CATLETT, M.D.,
Superintendent.

OAK LAWN RETREAT FOR THE INSANE,
JACKSONVILLE, ILL., Oct. 10, 1882.

DEAR SIRS: . . . In some foreign institutions it is claimed that no bounds need be set, in the great majority of cases at least, upon the freedom of will in all particulars; that locked doors and barred windows are superfluous, and all minor restraints, personally applied, still more so.

Our American experience does not fully support this view, perhaps because our national character does not pay so much respect to the principle of mere authority and rule, or, it may be, there are fewer here who will be on good behavior if only well fed.

My personal observation of foreign asylums leads me to believe that, while the Celt, either sane or insane, bears the same temperament every where, insanity in other races of men is attended by a lower grade

of brain-action in the eastern hemisphere than in ours, and falls more easily into mere mechanical obedience to rule.

I do not believe our American specialists are one whit behind their foreign brethren in the spirit of humanity—indeed I believe them in advance; and if they have been less successful in controlling the insane by mere moral suasion it must be from reasons given.

ANDREW MCFARLAND, M.D.,
Superintendent.

NORTH CAROLINA INSANE ASYLUM,
RALEIGH, N. C., October 14, 1882.

DEAR SIRS: . . . Neither ducking, the use of the towel-bath as described, nor any other punishment as such, is *allowable* under any circumstances in the treatment of the insane.

Restraint with the *camisole*, or solitary confinement in a room for the protection of the patient himself or others, in some cases is not only allowable, but highly proper and necessary; but punishment or the unnecessary infliction of pain or discomfort, either to induce self-control or deter from acts of violence, *never; it would be the height of cruelty.*

I am, with much esteem, yours truly,

EUGENE GRISSOM.
Superintendent.

Books and Pamphlets.

A TREATISE ON HYPODERMATIC MEDICATION. By Roberts Bartholow, M.D., LL.D., etc. Philadelphia: J. B. Lippincott & Co. 1882.

ON ASTHMA, ITS PATHOLOGY AND TREATMENT. By Henry H. Salter, M.D., F.R.S., etc. New York: Wm. Wood & Co. 1882.

SYPHILIS. By V. Cornil, M.D. Translated by J. Henry C. Simes, M.D., and J. William White, M.D. Philadelphia: Henry C. Lea's Son & Co. 1882.

FISTULA, HEMORRHOIDS, PAINFUL ULCER, STRICTURE, PROLAPSES, AND OTHER DISEASES OF THE RECTUM. By William Allingham, F.R.C.S.E. Fourth edition. Philadelphia: Presley Blakiston. 1882.

[Extended notices of the above publications will appear in our next issue.]

WE have received the first number of the Journal of Cutaneous and Venereal Diseases, edited by Drs. Henry G. Piffard and Prince A. Morrow, of New York, and published by the well-known house of Wm. Wood & Co. The first paper in this number is by Dr. George H. Fox, and is illustrated with a handsome colored lithograph. All the matter contained in this issue is valuable, and the Journal promises to take a high rank in the literature of dermatology. It is a monthly.

Selections.

The Self-Limitation of Consumption.—Prof. Austin Flint, discussing this subject at the late meeting of the British Medical Association, said:

Pulmonary phthisis, in a certain proportion of cases, has a self-limited duration, the disease ceasing to exist after more or less progress of the local affection, all symptoms referable to the lungs disappearing, and recovery, as regards the general health, being complete. The disease is also self-limited in a certain proportion of cases in which lesions remain, giving rise to more or less of cough and expectoration, the persistence of these lesions not being incompatible with good general health and long duration of life.

It is an interesting fact that self-limitation is exemplified in the majority of the fatal cases of phthisis. As is well known, the disease, as a rule, advances not by a continuous progress, but by a series of successive invasions, separated by variable intervals. After each invasion, or, as it has been termed, tuberculous eruption, there is a temporary self-limitation of the disease. I will not venture on a discussion of the question whether this fact be sufficiently explained by the statement that each eruption of tubercles for a time exhausts the tuberculous cachexia, or whether the fact be owing to the production of successive broods of the bacilli tubercule. It suffices to state the clinical fact. . . .

In the cases ending favorably, which have been referred to as furnishing proof of a self-limited duration, the diagnostic symptoms and physical signs were so well marked as to leave no room for doubt as to the existence of phthisis. From cases which have come under my observation I have been led to believe that not very unfrequently phthisis ends by self-limitation *without having advanced far enough for the diagnosis to be considered as positive.* A patient has had for some time a slight cough, either dry or with a scanty expectoration; there has been some loss in weight, and the body heat is somewhat raised, with, perhaps, spitting of blood. These symptoms, taken in connection with the age of the patient, and, it may be, grounds for suspecting a congenital predisposition, point to a tuberculous affection. But examinations of the chest in such a case may fail to reveal distinct physical signs. Very likely the problem, as regards the physical diagnosis, is to determine whether at the summit of the chest on the right side there are abnormal signs, or only the normal points of disparity between the two sides. These may be found only a subcrepitant *râle*, or slight pleuritic rubbing, or an interrupted respiratory murmur at the summit on one side, without conclusive evidence of tuberculous solidification. Under these circumstances, the physician either commits his judgment to a diagnosis of incipient phthisis, or, as is more probable, he reserves an opinion for further developments. After a short time all the pulmonary and general symptoms disappear. Now, if incipient phthisis have been diagnosticated, the physician concludes that the diagnosis was erroneous. He feels obliged so to conclude, in consequence of the common belief that phthisis does not thus commence and end with self-limitation. But it is highly probable that the diagnosis was correct. Phthisis existed and ended in its incipiency. It would be proper enough to distinguish these as cases of abortive phthisis. If

I mistake not, all medical observers of much experience will admit that the foregoing sketch represents a class of cases not extremely rare. That they are not very rare is a fair inference from the frequency with which the traces of an old abortive phthisical affection are found in bodies dead with other diseases than phthisis.

A topic of practical importance is the bearing of self-limitation on the prognosis in individual cases of phthisis. The analytical study of my collection of cases showed that, as a rule, in those which ended favorably from an intrinsic tendency, the tuberculous affection was moderate or small in amount, but that there are exceptions to this rule. All observers of much experience will agree that the prognosis in cases of phthisis is to be based more on the general condition of the patient than on the local symptoms and signs. In general terms, the symptoms which denote tolerance of the phthisical affection are those which indicate a favorable intrinsic tendency, and, on the other hand, pyrexia, progressive loss of weight, frequency of the heart's action, and anorexia, point to an opposite tendency. Of special importance, in a practical view, is the bearing of the doctrine of self-limitation on the conclusions to be drawn from observations respecting the agency of therapeutic and hygienic measures in the treatment of cases of phthisis. How many and various are the remedies which have been supposed to have been sometimes curative in cases of this disease! Instances of their apparent curative power have been attested by honest observers. Making the fullest allowance for errors in diagnosis, I can not doubt the credibility of more or less of these cases. Recovery has taken place under the employment of divers remedies; yet these remedies have so generally failed that, for the most part, they are now obsolete. The explanation of their apparent efficacy is to be found in the doctrine of self-limitation. The disease ended favorably, *not from a specific influence of the remedies, but from an intrinsic tendency.* This is not saying that the remedies may not have been, to a greater or less extent, serviceable. It may be laid down as a principle applicable to all diseases, that whenever experience has seemed to show success from treatment by a variety of remedies the efficient cause lies in the disease itself. . . . To accept this principle is not to disparage medicinal treatment. In certain cases of phthisis, as of other diseases, self-limitation is a factor coworking with curative measures, and, as perhaps may be added, sometimes effective in spite of measures which obstruct its operation. On the other hand, when this factor is feeble or wanting, curative treatment is not likely to prove of much avail. Evidently, in drawing conclusions respecting the curative effect of remedies allowance is to be made for this factor.—*British Med. Journal.*

Disease of Sexual Organs in the Insane.—Dr. S. Daniels, a Russian physician, contributes an article to the *Deutsch. Med. Zeitung* on this mooted question. He has been making researches into the relative frequency of sexual disorders in the insane. Two hundred insane females were subjected to a gynecological examination, when the following results were obtained:

1. In 162 (nearly eighty per cent) some form of disease of the sexual organs was met with.

2. Of 140 women who menstruated, their ages ranging from fifteen to forty-two years, only 20 were found who were entirely free from disorder of some kind or other.

3. Of 60 women who had ceased menstruating, from forty-two to seventy-five years of age, gynecological disease was found in 18.

4. Among the women who were menstruating, acute and chronic forms of endometritis of the whole organ prevailed in 40; of the cervix in 22; chronic inflammation of the body in 116 cases; of the cervix, 8 cases; complicated by erosions of the os in 12 cases; irregular menstruation, 28 cases. Then follow displacements, acute and chronic disorders of the ovaries and neighboring organs. Vaginal catarrh was more rare (7 cases); of the vulva, 4. There were 4 cases of rupture of perineum, and one case each of the following—viz., ovarian cyst, fibroma uteri, and papilloma urethre.

5. Among the non-menstruating women (excluding cases of senile atrophy), chronic inflammations of the uterus were specially noticeable (4 cases); old perineal ruptures, 4 cases; and, finally, so-called senile endometritis.

From the "mental" point of view, the cases might be classified as follows: (*a*) Menstruating: Idiocy, 1; epilepsy, with insanity, 15; hysteria, 11; progressive paralysis, 14; primary madness, 31; melancholia, 25; secondary imbecility, 10; puerperal melancholia, 5; mania, 18; alcoholism, 2; puerperal mania, 8. (*b*) Non-menstruating: Progressive paralysis, 10; melancholia, 10; primary insanity, 9; alcoholism, 3; secondary imbecility, 28.

Of those that were menstruating, 31 were virgins, 41 sterile, 68 had borne children—38 one child each, and 30 more than one. Of those not menstruating, 2 were virgins, 14 sterile, 44 multipara. Of these, 9 had had from 8 to 12 labors each.

These results show that the complication of mental disease with sexual disorders is a frequent occurrence that demands the greatest attention on the part of clinicists.

[Many people will think—and, perhaps, not improperly—that the Russian physician permitted a too eager spirit of inquiry to get the master of him, and carry him into fields it were better not to have entered. It is to be hoped that the time is yet far distant when the enthusiastic gynecologist in our own country will subject females who can not, from the nature of their complaint, give their consent to examinations from which they can not possibly derive any benefit themselves, and with which no pretension of treatment is associated.—TRANSLATOR.]—*Med. Press and Circular.*

Cancer of the Uterus.—M. Polaillon gives his views at length on *the treatment of cancer of the uterus.* From a clinical point of view he considers cancer of the uterus to consist of the scirrhous, the fibro-plastic, and the various cancroidal forms. All should be looked upon as equally fatal in their tendencies, and as requiring radical removal, often without hope as to their non-recurrence. He distinguishes two conditions—the first where the body alone or the body and the neck are invaded, the second where the neck alone is concerned. In the first case, if the uterus were to be removed, the operation might be done either through the abdomen or through the vagina, according to the indications. The methods described are those which have been already mentioned in previous numbers of this journal, with the exception of B. Freund's modification of W. A.

Freund's operation. The original description of this modification appeared in the *Zeitschrift für Geburtshülfe und Gynäkologie, Band vi, Heft* 2, 1881, and the author had at that time practiced it only upon the cadaver. The operation is summarized as follows: 1. Dilatation of the vagina for several days before the operation. 2. Simultaneous amputation of the cervix and the vaginal culs-de-sac with the galvano-caustic loop, the wound being afterward prolonged backward into Douglas's cul-de-sac. 3. Tamponnade of the vagina to arrest the hemorrhage, and to raise the uterus. 4. Laparotomy. 5. Dissection of the vesico-uterine space. 6. Application of compressors, through the vagina, upon each of the broad ligaments, to replace the ligature *en masse* of the original operation; these compressors are to be left in the abdomen three or four days. 7. Cutting away the broad ligaments. 8. Closing the abdominal wound.

Schwartz's table of extirpations by the vagina, published in the *Revue de Chirurgie*, 1882, p. 501, contains the most recent information upon that subject. He gives a table of fifty-five cases in which this operation was performed, twenty of which were fatal. Even this favorable showing, of a mortality of 36.36 per cent, is no cause, according to the author, for encouraging the operation, since the disease is almost certain to recur, and it is the part of wisdom to give up a procedure whose benefit is so problematical. There is more hope in removing cancer of the cervix. The three forms under which it commonly appears are, (1) the tuberous, with hard irregularities upon it; (2) the ulcerous; (3) the vegetating, usually of an epitheliomatous nature. Of these the second is sometimes difficult of diagnosis, from its similarity to the conditions termed by the author "benign ulcerations." The various methods of amputation of the cervix are too well known to require recapitulation. He thinks most highly of the method with the galvano-caustic loop, and after employing this he is accustomed to apply Canquoin's paste to the wounded surface, thus securing free sloughing.

He thinks that operations for cancer of the cervix *may* result in a permanent cure. Two causes join to make such cures rare: first, defective and incomplete operation; second, delay for too long a time before operation. Upon the side of palliative treatment we may have either the surgical or the medical. In case of a fungus-like growth, a free use of Récamier's curette may be practiced, followed by the application of the acid nitrate of mercury. The author thinks such treatment rather harsh, and, as it is apt to be attended with great loss of blood, it is often positively contra-indicated. He is much more in favor of the use of the Paquelin cautery, or the points of Canquoin's paste.

As to medical treatment, this is often a last resort, where surgical aid has failed or is impossible. It is concerned with three accidents: pain, fetor, and hemorrhage. In case of the first, the different narcotics are called for, varied according to the circumstances. The second is met, often ineffectually, by the various disinfecting solutions in the form of injections; and this treatment may be followed by a dressing of iodoform, for example. Hemorrhage occurs oftenest in the vegetating and fungus varieties, and is sometimes very difficult to check. He prefers Canquoin's paste to all other hemostatics, applying it over the ulcerated surface, and securing it in position with bits of charpie.—*New York Med. Journal.*

Transplantation of Bone.—By Wm. Stokes, F.R.C.S.I. Address in Surgery before the British Medical Association, August, 1882:

The efforts to produce bone in experiments on the lower animals by periosteal transplantation have not been attended with any very marked success, nor have similar attempts in man been specially encouraging. In only one instance did Ollier obtain distinct evidence of bone formation from grafted periosteum. In the Indian rhinoplastic operation I have undoubtedly succeeded, after transplanting the membrane from the frontal bone, in satisfying myself of the existence of bone reproduction. When left attached to bone, as in Von Langenbeck's modification of this operation, the result has not been so good, owing to the liability to necrosis of the transplanted or detached portions of bone.

As regards bone transplantation I can not speak from any personal experience; but, in connection with this all-important subject, I must allude to the great stride made in this direction by Dr. McEwen, of Glasgow. The case of inter-human osseous transplantation in which over two thirds of the shaft of a humerus was restored, and an account of which was communicated to the Royal Society last year, is one which must stand out in bold relief in the history of this new departure in operative surgery—one which is with many others an outcome, indirectly, perhaps, but not the less a result, of antiseptic surgery. For the experience derived from observing the progress toward good union and without pus production of bad compound comminuted fractures when pieces of bone completely separated, and even detached from periosteum, have, after being antisepticized, been replaced, lived, and eventually united to the neighboring osseous structures, tends, as McEwen has pointed out, to show the probability of transplanted bone living. The practice of inter-human osseous transplantation is one which of necessity is applicable to only a very limited number of cases, and the means of carrying it out must rarely be available, as fresh, human, healthy osseous transplants can not often be obtained. The case, however, which I am glad to say I had an opportunity of examining, is so pregnant of interest, and so suggestive, that it must serve as an incentive to further effort to guide and encourage those working in this direction.—*Med. Press and Circular.*

Retention of Fetus During Six Years—Removal of Bones through the Anus.—Mr. Hough relates a case of a patient who in September, 1874, became pregnant for the first time, and menstruation ceased. In May she sent for Mr. Hough, on account of a slight discharge of clotted blood and some pain. Labor appeared to be commencing, and she was recommended to keep quiet, and send for a nurse; no vaginal examination made. In a few hours pain abated, and discharge ceased; at this time, distinct fetal movements felt, and fetal heart heard. She was seen from time to time till the autumn, but nothing occurred. The shape of the body altered, the tumor being more to one side, and the milk disappeared. In October she was seen by an eminent metropolitan surgeon, who diagnosed ovarian disease, and recommended her liquid extract of ergot; and, after taking this for a fortnight, the catamenia came on, and had continued regular from that time to the present. At the beginning of the present year she consulted Dr. Hough. At this time the great pain she suffered

rendered examination necessary. On examination *per rectum*, a large cavity, in which the bones of the fetal head could be felt, was discovered, and one by one were extracted the fetal bones, through the opening in the bowel, by the finger. The patient did extremely well, and at the present time (June 2d) no trace of the cavity remains, and she is in perfect health.

Dr. Humphrey gave an account of a similar case. The patient, aged twenty-four, had been married a year when the catamenia ceased, and breasts and abdomen began to enlarge, and for a time there was morning sickness. At full time symptoms of labor (recurring pains, with colored discharge) came on. The labor was unusually protracted. Upon examination, found os closed and neck of uterus small, hard, and firm. Enlargement of the abdomen was greater on right side than the left, and did not present the oval outline of the gravid uterus. Pains returned at intervals of a week or ten days for two months. She then became an in-patient in hospital, complaining at this time of constant pain in lower part of the body, and of a blood-stained, offensive discharge from vagina. On examination, a swelling was found occupying lower part of abdomen, extending from symphysis pubis to half inch above umbilicus; was dull on percussion. Os and cervix uteri were as in ordinary unimpregnated condition, and so undilatable it was found impossible satisfactorily to explore the interior of uterus. During her stay in hospital two fetal nails passed *per vaginam*. Two months later she complained of severe abdominal pain, and had a rigor; in a few days began to pass a large number of fetal bones by anus. From that time began to regain health and strength, and the catamenia since reëstablished. Dr. Humphrey recently examined patient; there was still a firm swelling in pelvis, containing probably some bones, but nothing could be discovered by the finger in the rectum or vagina.

The important practical lesson to be deduced from these cases, and others like them which have been recorded, was that the result is often favorable when they are *left to themselves*. The chief dangers were in the earlier stages of extra-uterine fetation; but when the later stages were reached the prognosis was, on the whole, good.—*British Med. Journal.*

Fatty Tumors of the Palm of the Hand.—Lipoma of the palm is an infrequent but important affection. The diagnosis is attended with difficulty, for the tumors are often fluctuating; and in this, as well as their slow and painless growth and rounded outline, and the fact that they sometimes extend under the annular ligament, they resemble cysts of the synovial sheaths. When punctured, however, they do not yield fluid, but, on the contrary, a small pellet of fat may be extruded, which makes the diagnosis certain. The treatment is excision; but this should not be lightly undertaken, as in the palm these tumors do not grow from the subcutaneous fatty tissue, but from the fat under the deep fascia or between the muscles. Indeed, it has been suggested that in some cases they are developed from processes of the synovial sheaths of the flexor tendons, and are comparable with the arborescent lipoma of the synovial membrane of the knee described by Billroth. Great care must be taken to secure union of the wound by first intention, or the apparently simple operation may be followed by extensive suppuration in the palm and adhesion of the flexor tendons, with the result of a more or less useless member.—*The Lancet.*

A Man of Great Brain.—According to our excellent contemporary, Knowledge, the "heaviest brain ever weighed in the United States was taken from the skull of James H. Madden, who died at Leadville on July 6th. The doctor who attended him during his last sickness had observed the immense frontal and lateral development of his head, and determined to weigh the brain, but his astonishment was great when it brought down the scales at sixty-two and a quarter ounces. Cuvier's brain weighed sixty-four and a half ounces, considerably surpassing all other records; but the brains of Napoleon, Agassiz, and Webster, although phenomenally heavy, were much lighter than Madden's. It is an interesting circumstance that Madden was not a naturalist, a soldier, or a statesman, but a gambler."

Electrical Treatment of Angina Pectoris.—Dr. Löwenfeld relates a case of angina pectoris in which galvanization proved beneficial. The patient, a man aged forty-seven, was subject to attacks of the disease occurring every month or two. These were characterized by excited respiration, oppression, small, frequent pulse, sternal pain radiating to the left arm, and convulsive tremors of the limbs, and lasted about one hour. The heart was normal. The constant current was applied for one minute to each side of the neck along the course of the pneumogastric. The sense of oppression was immediately relieved. Ten such applications in the course of three weeks were followed by complete freedom from the attacks for more than two years.—*Lond. Pract.*

Oil of Peppermint in Zona.—Dr. Meredith writes: I have found the oleum menthe pip. more effective than any other form of anodyne application I have tried in allaying the neuralgic pains so often piteously complained of in cases of herpes zoster. These distressing pains, worse in elderly people, are complained of often when the eruption has disappeared; but painting the affected parts over with oleum menthe pip. nearly always affords speedy relief. I have painted the oil over the eruption when it was out in a fresh florid condition, and that with great relief to the patient. The value of this application in pains of neuralgic character deserves to be better known than it is.—*Birmingham Med. Review.*

An Accessory Placenta.—A woman recently gave birth at the Paris Maternité to a living child, head presentation. Fifteen minutes later the placenta appeared at the vulva, and yet could not be immediately removed. While the midwife was tying a ligature back of the portion expelled, a hemorrhage took place and a second placenta was expelled weighing forty grams, and the first one four hundred and ten. The two were formed by a membrane and a few ramifications of blood-vessels.—*Med. Press and Circular.*

Treatment of Chorea.—Dr. Bouchut's treatment *par excellence* of chorea consists in the administration of hydrate of chloral in large hypnotic doses, even for children. He orders for a child of six years thirty grains in *one dose*, the dose to be repeated every day and increased if necessary to forty or even sixty grains. The effect of this dose is six or eight hours' profound sleep, during which the child does not stir. After a couple of days the disease abates, and in about a fortnight the cure is obtained.—*Ibid.*

HARTER'S IRON TONIC.

FORMULA. Each dram of this preparation contains 1 grain of Iron, 2 grains Calasaya Bark, 1-200 grain Phosphorus, 1 grain Coca, 1 grain Viburnum, with a sufficient quantity of vegetable aromatics, Cologne Spirits, Sugar and Distilled Water.

HARTER'S IRON TONIC is a combination of Phosphorus, Calasaya Bark, Protoxide of Iron, Erythroxylon Coca, and Viburnum, associated with the vegetable aromatics in a pleasant and agreeable form, which has been so long a desideratum with the medical profession. It is pleasant and agreeable to the taste, having none of the inky flavors so peculiar to other preparations of Iron. In a low state of the system it will be found particularly efficacious. Iron restores color to the blood, and the Calasaya gives a natural healthful tone to the digestive organs. Phosphorus is a mild stimulant to the brain and nervous system, with especial action on the kidneys, bladder, and organs of generation, both in the male and female. The Erythroxylon Coca is a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor due to prolonged physical or mental effort.

TO THE MEDICAL PROFESSION.—We will take pleasure in forwarding you, free of charge, a sample bottle of the Iron Tonic, as a trial, which is sufficient to fully establish its medicinal value.

TESTIMONIALS.

F. FORCHHEIMER, M.D.

I consider HARTER'S IRON TONIC an excellent remedy, both in regard to its stomachic and general effects. The combination is very felicitious, and in my experience is always followed by good results.—Cincinnati, Aug. 4, 1882.

J. B. COX, M.D.

For Female Diseases HARTER'S IRON TONIC is par excellence. The Combination is well adapted to Anemia accompanied with Dysmenorrhea, the good results being attributed to the Iron, Phosphorus, and Viburnum.
St. Genevieve, Mo., Aug. 10, 1882.

J. S. DORSET, M.D.

I have been using HARTER'S IRON TONIC in my practice since 1875, and it has given me the most satisfactory results. I consider it a most excellent Tonic for general debility and nervous prostration.
Bonham, Texas, July 7, 1882.

DRS. RIPLEY & WALTON.

As a tonic for nervous prostration or exhaustion and want of vitality, HARTER'S IRON TONIC has never failed to do all that is claimed for it. It has given us complete satisfaction. Philadelphia, Pa., July 5, 1882.

S. F. BARNES, M.D.

I have used IRON TONIC in a great variety of cases. From its admirable position its use is indicated in a wide range of diseases. It gives me excellent satisfaction.
Byron, Miss., Aug. 10, 1882.

J. S. FITZGERALD, M.D.

I am constantly prescribing IRON TONIC, it gives such general satisfaction. Where there is an opportunity it will reconstruct the most shattered and enfeebled constitution. Butler City, Kansas, Aug. 15, 1882.

Recommended by many other physicians throughout the United States.

The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and brokendown system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalesence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

The Iron Tonic contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of disease, fevers, and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections or induced by overwork, general debility in the most tedious forms of chronic diseases. It is friendly and helpful to the most delicate stomach. Does not cause nausea, constipation, or disarrange the digestive organs. Can be taken with impunity by the most delicate lady, infant, the aged or infirm, as by the sedentary student, whose system has suffered from over taxation of the brain; and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution.

PREPARED BY

HARTER & CO.

Practical and Analytical Chemists, ST. LOUIS, MO.

☞ Harter's Iron Tonic is for sale by all Druggists on Physicians' Prescriptions.

MEMBER OF AMERICAN MEDICAL COLLEGE ASSOCIATION.

FORTY-SIXTH ANNUAL ANNOUNCEMENT

OF THE

UNIVERSITY OF LOUISVILLE,

SESSION OF 1882 AND 1883.

FACULTY.

J. M. BODINE, M.D., DEAN.....Professor of Anatomy and Diseases of the Eye and Ear.
LUNSFORD P. YANDELL, M.D.....Professor of Principles and Practice of Medicine and Clinical Medicine.
E. R. PALMER, M.D.....Professor of Physiology and Clinical Diseases of the Chest.
T. S. BELL, M.D.....Professor of State Medicine and Sanitary Science.
JAMES W. HOLLAND, A.M., M.D.....Professor of Pathology, Clin. Medicine, and Diseases of the Nervous System.
DAVID W. YANDELL, M.D .....Professor of Surgery and Clinical Surgery.
THEOPHILUS PARVIN, M.D., LL.D.....Professor of Obstetrics and Medical and Surgical Diseases of Women.
W. O. ROBERTS, M.D.....Professor of Surgical Pathology and Operative Surgery.
JOHN A. OCTERLONY, A.M., M.D.....Professor of Materia Medica, Therapeutics, and Clinical Medicine.

H. A. COTTELL, M.D.....Lecturer on Medical Chemistry.
W. CHEATHAM, M.D.....Clinical Lecturer on Diseases of Eye, Ear, and Throat.
L. S. McMURTRY, A.M., M.D., AND R. B. GILBERT, M.D.....Demonstrators of Anatomy.

FEES.—Professors' Ticket, $75.00; Matriculation Ticket, $5.00; Practical Anatomy, $10 00; Graduation, $30.00 Hospital Ticket (required by the City), $5.00.

SPECIAL AND OPTIONAL MANIPULATIVE COURSES.

H. A. COTTELL, M.D.....Demonstrator of Microscopy.
B. BUCKLE, M.D.....Demonstrator of Operative Midwifery.
W. CHEATHAM, M.D.....Demonstrator of Ophthalmoscopy, Laryngoscopy, and Otoscopy.
L. S. McMURTRY, A.M., M.D.....Demonstrator of Surgical Dressings.

The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of $5 will be charged, and second-course students the three other courses, for which a fee of $10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

CLINICAL MEDICINE AND SURGERY.

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical* and *demonstrative* school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of 88. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

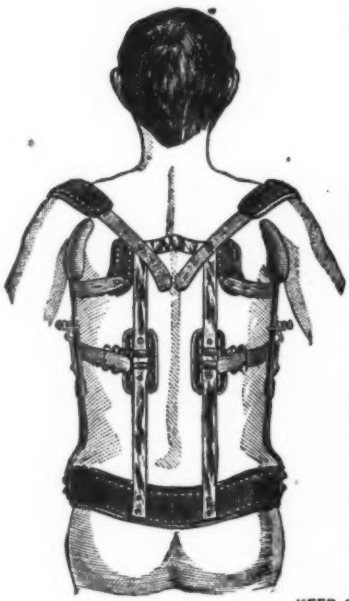
Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from $3.00 to $5.00 per week, fire and light included. Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

Address,

J. M. BODINE, M.D.,
Dean of the Faculty, Louisville, Ky.



A. C. TAFEL. THEODORE TAFEL.

TAFEL BROTHERS,

Successors to Siegel & Rivers.

Manufacturers of and Dealers in

Surgical and Orthopedic Instruments,

135 East Side Third Street, LOUISVILLE, KY.

We invite the Profession and Students to call and examine our complete stock of Instruments, Atomizers, Pessaries, Urinals, H. R. Syringes, Invalid Cushions, Crutches, etc.

Special attention given to fitting Trusses and Orthopedical Apparatuses.

Special attention given to repairing and modifications.

Write for quotations.

KEEP CONSTANTLY ON HAND A FULL LINE OF

Saddle Bags and Medicine Cases. Larrabee's Cooling Coils. McIntosh & Babcock's Uterine Supporters. Artificial Eyes. Trusses and Shoulder Braces. Galvano-Faradic Manufacturing Co. Medical Batteries.

THE BEST.

ANGLO-SWISS MILK FOOD.

Used by more than 1500 Physicians in New York City alone

During the past year with uniformly favorable results.

Prescribed by leading Practitioners of all Schools, and used in prominent Institutions throughout the country.

CHEMICAL ANALYSIS AND OTHER RELIABLE TESTIMONY:

Moisture	5 to 6 per ct.	Carbo-hydrates, insoluble in water	15 to 16 per ct.
Nitrogeneous matter (Nitrogen, 2.25 to 2.35)	14.5 to 15 "	Fat	4 to 5 "
Carbo-hydrates, soluble in water	54 to 55 "	Ash (inclusive of 0.6 Phosphoric Acid	2 to 2.5 "

"The proportion of nitrogenous matter or plastic aliments to carbo-hydrates or respiratory constituents in mother's milk is 1:4.5, and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance, is here reduced to the equivalent of starch

"My analysis perfectly agrees with the analysis given on their lables and bears witness to the excellent and rational manner in which this food is compounded. DR. E. GEISSLER, Dresden, April 10, 1880."

I have used Anglo-Swiss Milk Food in my practice, and commend it with confidence to those who may need it for Infants or Invalids. The introduction of the Anglo-Swiss Milk Food in America is a great blessing to sick children, weary mothers, and almost discouraged physicians, for medicine will not take the place of food.

E. A. Jennings, M.D., Provident Dispensary, 62 West 14th St., New York.

"Used in New York Infant Asylum."—*J. Lewis Smith, M.D.*

"Has yielded most favorable results."—*J. C. Guernsey, M.D., Philadelphia.*

"The Diarrhea had been presistent for four months in spite of the use of other foods. After using two days the evacuations became normal, and the puny child is now plump and healthy."—*Geo. M. Ockford, M.D., Vincennes, Ind.*

"Used in our Sea Side Nursery. It nourishes and strengthens every child to whom it is given."—*John W. Kramer, M.D., Master of St. John's Guild.*

"Our little ones love it. It regulates and strengthens the bowels."—*Sisters of Charity, St. Vincent's Home, Phila.*

"We find that it agrees with each case."—*M. Spencer, Matron Philadelphia Infants' Home.*

Sample furnished to Physicians gratis. **Address ANGLO-SWISS COND. MILK CO., P. O. Box 3773, N. Y.**

Made at Cham, Switzerland. Sold by Druggists and Grocers Generally.

TO THE MEDICAL PROFESSION.

LACTOPEPTINE

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

LONDON, MAY 3, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them, and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy Digestion.

One of the chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas, and salivary glands and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE.

Sugar of Milk,	40 ounces.	**Veg. Ptyalin or Diastase,**	4 drams.
Pepsin,	8 ounces.	**Lactic Acid,**	5 fl. drams.
Pancreatine,	6 ounces.	**Hydrochloric Acid,**	5 fl. drams.

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested LACTOPEPTINE, recommend it to the profession.

ALFRED L. LOOMIS, M.D., *Professor of Pathology and Practice of Med., University of the City of New York.*

SAMUEL R. PERCY, M.D., *Professor Materia Medica, New York Medical College.*

F. LE ROY SATTERLEE, M.D., Ph.D., *Professor Chem., Mat. Med. and Therap. in New York College of Dent.: Professor Chem. and Hyg. in Am. Vet. Col., etc.*

JAS. AITKIN MEIGS, M.D., Philadelphia, Pa., *Professor of the Institutes of Med. and Med. Juris. Jeff. Med. College; Physician to Pennsylvania Hospital.*

W. W. DAWSON, M.D., Cincinnati, Ohio, *Professor, Prin. and Prac. Surgery, Medical College of Ohio; Surgeon to Good Samaratan Hospital.*

ALFRED F. A. KING, M.D., Washington, D. C., *Professor of Obstetrics, University of Vermont.*

D. W. YANDELL, M.D., *Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.*

L. P. YANDELL, M.D. *Professor of Clin. Med., Diseases of Children, and Dermatology, University of Louisville, Ky.*

ROBT. BATTEY, M.D., Rome, Ga., *Emeritus Professor of Obstetrics, Atlanta Med. College, ex-President Medical Association of Ga.*

CLAUDE H. MASTIN, M.D., L.L.D., Mobile, Ala.

PROF. H. C. BARTLETT, Ph.D.; F. C. S., London, Eng.

PROF. JOHN ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., London, England, *Professor of Prac. Chem. to the Pharmaceutical Society of Great Britain.*

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page pamphlet, which will be sent on application.

THE NEW YORK PHARMACAL ASSOCIATION,

P. O. BOX 1574. **10 AND 12 COLLEGE PLACE, NEW YORK.**

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

J. K. BAUDUY, M. D., St. Louis, Mo., Physician to St. Vincent's Insane Asylum, and Prof. Nervous Diseases and Clinical Medicine, Missouri Medical College.

WM. PORTER, A. M., M. D., St. Louis, Mo.

E. S. DUNSTER, M. D., Ann Harbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

D. F. HANNEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.

F. R. PALMER, M. D., Louisville, Ky., Prof. of Physiology and Personal Diagnosis, University of Louisville.

HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

F. A. HARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine.

R. OGDEN DOREMUS, M. D., L.L.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

A. A. MEUNIER, M. D., Montreal, Canada, Prof. Victoria University.

H. F. BIGGAR, M. D., Prof. of Surgical and Medical Diseases of Women, Homœopathic Hospital College, Cleveland, Ohio.

DR. DOBELL, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

DR. T. F. GRIMSDALE, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in-Hospital.

WM. ROBERTS, M.D., F.R.C.P., F.R.S., Manchester, England, Prof. of Clinical Medicine, Owens' College School of Medicine; Physician Manchester Royal Infirmary and Lunatic Hospital.

J. C. THOROWGOOD, M.D., F.R.C.P., London, England, Physician City of London Hospital for Chest Diseases; Physician West London Hospital.

W. C. PLAYFAIR, M.D., F.R.C.P., London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.

W. H. WALSHE, M. D., F.R.C.P., Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.

A. WYNN WILLIAMS, M. D., M.R.C.S., London, England, Physician Samaritan Free Hospital for Diseases of Women and Children.

A. C. MACRAE, M.D., Calcutta, Ind., Dep. Insp.-Gen. Hosp. Ind. Service, late Pres. Surg., Calcutta.

EDWARD SHOPPEE, M. D., L. R. C. P., M.R.C.S., London, England.

LENNOX BROWN, F.R.C.S., London, Eng., Senior Surgeon, Central Throat and Ear Hospital.

J. CARRICK MURRAY, M. D., Newcastle-on-Tyne, England, Physician to the N. C. H. for Diseases of Chest.

J. A. GRANT, M. D., F.R.C.S., Ottawa, Canada.

MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China and the English Colonies, and is largely used at the principal Hospitals in preference to any of the Extracts of Malt.

☞ We will forward gratuitously a 1-lb. bottle of any of the above preparations to Physicians, who will pay the express charges. Send for our 28 page Pamphlet on Maltine for further particulars.

Address ***REED & CARNRICK,***

LABORATORY: Yonkers-on-the-Hudson. 186 Fulton St., New York.

MANACA

FRANCISCEA UNIFLORA.

The nature of the reports received from our special representative sent to explore the materia medica of Brazil, led us to originally undertake the introduction of this drug to scientific notice in the United States; and it has been received with so much appreciation by the medical profession, that we feel justified in calling special attention to it as an agent well worthy of investigation.

Manaca is highly regarded by the Brazilians as an ANTISYPHILITIC, and as a remedy in SCROFULA and RHEUMATISM. The whole plant, but especially the root, of which we are preparing a fluid extract, is said to powerfully excite the lymphatic system, eliminating morbid matters by the skin and kidneys. In small doses it appears to act as a resolvent; in larger, purgative, diuretic, and emmenagogue. In large doses it is an acrid poison.

We are furthering the investigation of the drug by our "Working Bulletin"* system, and samples have been sent for test to the hospitals and dispensaries throughout the country, and to the profession at large, to secure the results of its use in hospital and private practice. We shall be most happy to receive reports from the medical profession, with regard to the therapeutic value of Manaca, favorable or otherwise. That it is a powerful drug there can be no manner of doubt, and it is so well spoken of that its investigation promises a valuable addition to our materia medica.

Preparation—Extractum Manacæ Fluidum. Dose—5 to 20 minims.

PARKE, DAVIS & CO.

MANUFACTURING CHEMISTS, DETROIT, MICH., U. S. A.

JAMAICA DOGWOOD.

PISCIDIA ERYTHRINA.

The extensive investigations of the physiological actions of this valuable narcotic agent which we have been so instrumental in bringing to the notice of the medical profession in the United States, in the hands of that distinguished investigator, Professor Ott, would seem to point it to a special position as a therapeutic agent of peculiar value. Dr. Ott says that Jamaica Dogwood, like morphia, produces sleep, and that the sleep produced by Piscidia resembles in feeling that produced by bromide of potassium. In his experiment on himself, he took half a teaspoonful of the fluid extract, and soon became drowsy. The pupil was dilated. In about three hours the effect passed off, and he felt as well as ever, having no nausea, or the peculiar shaking up of the nerves that ensue after opium. From his numerous experiments with regard to the physiological action of this drug, Dr. Ott is of the opinion that in Jamaica Dogwood we possess a powerful narcotic agent, without the disagreeable after effects of opium. Like morphia it stimulates the vasomotor center, but it does not contract the pupil; and though it possesses with belladonna the power of dilating the pupil, it differs from it materially in its action. It can not therefore be classed with either of these drugs, and must be given a special place of its own.

It is hardly to be supposed that in all cases Jamaica Dogwood will act in the pleasant manner noted in the report of Dr. Ott. It is well known that nearly all drugs under certain conditions of the system produce untoward, or side effects, and disagreeable sequelæ. This is true with regard to opium, bromide of potassium, chloral, belladonna, and the rest of the list of narcotics. It is therefore a question to be solved by clinical experience, which drug produces the best effect, with the least amount of untoward effect, or unpleasant sequelæ. We therefore call the attention of the profession to Jamaica Dogwood, that its true value may be ascertained in this respect. A "Working Bulletin"* containing the results of the investigations of Ott, and others, has been sent out by our scientific department, and will be forwarded to the address of any one who will apply for the same.

Preparation—Extractum Piscidiæ Erythrinæ Fluidum. Dose—1½ to 2 fluid drams.

PARKE, DAVIS & CO.,

MANUFACTURING CHEMISTS, DETROIT, MICH., U. S. A.

---

*WORKING BULLETIN, a pamphlet containing the botanical description of *each plant*, with chemical, microscopical, physiological, therapeutical investigations, etc., etc. Sent free by mail on application.